

will bill the State on an semi-annual basis. We anticipate that most of these surveys will be referred to the State and that there will be little Federal activity in this area.

- The State's proportionate share of general overhead costs for the items and services it benefits from and only for those paid for out of registration or certificate fees we collected.

In order to estimate the State's proportionate share of the general overhead costs, we determined the ratio of laboratories in the State to the total number of laboratories nationally. In that the general overhead costs apply equally to all laboratories, we determined the cumulative overhead costs that should be borne by the State of New York.

The State of New York has agreed to pay us its pro rata share of the overhead costs and anticipated costs of actual validation and complaint investigation surveys. A final reconciliation for all laboratories and all expenses will be made. We will reimburse the State for any overpayment or bill it for any balance.

In accordance with the provisions of Executive Order 12866, this notice was not reviewed by the Office of Management and Budget.

Authority: Section 353 of the Public Health Service Act (42 U.S.C. 263a).

Dated: August 2, 1995.

Bruce C. Vladeck,
Administrator, Health Care Financing
Administration.

[FR Doc. 95-21264 Filed 8-25-95; 8:45 am]

BILLING CODE 4120-01-P

Public Health Service

Centers for Disease Control and Prevention; Statement of Organization, Functions, and Delegations of Authority

Part H, Chapter HC (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-67776, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 60 FR 34550-51, dated July 3, 1995) is amended to reflect (1) the establishment of the Office of Health Communication within the Office of the Director, National Center for Injury Prevention and Control (NCIPC); and (2) the revision of the functional statement for the Office of Statistics, Programming, and Graphics; and (3) the retitling of the

Graphics to the Office of Statistics and Programming.

Section HC-B, *Organization and Functions*, is hereby amended as follows:

After the functional statement for the *Office of Program Management and Operations (HCE13)*, insert the following:

Office of Health Communication (HCE14). (1) Plans, develops, coordinates, and evaluates NCIPC's marketing, public affairs, publications, graphics, and technical information activities for intentional injury, unintentional injury, and acute care and rehabilitation; (2) in conjunction with the CDC Office of Health Communication, collaborates with organizations in the public and private sectors to market injury prevention and control messages; (3) develops educational material on injury prevention and control, including print and video products, to be used in the center's marketing activities; (4) disseminates injury control information to public and professional audiences; (5) in conjunction with the CDC Office of Public Affairs, interacts with the news media to ensure that injury topics are covered accurately and remain high on the public agenda; (6) provides expert consultation on the effective use and design of graphic materials for presentations, publications, and exhibits; (7) designs and produces professional quality graphic materials for use in NCIPC presentations and publications and designs and electronically typesets publications; (8) develops, maintains, and manages a graphics information retrieval system that allows ready access to slides and graphic presentations on injury topics; (9) provides expert consultation on the development and production of publications; (10) manages the clearance, editing, and production of NCIPC publications; (11) manages NCIPC's technical information resources, including developing and maintaining injury-related databases and a library of information on injury-related topics; (12) coordinates the center's information sharing activities, including involvement on INTERNET; (13) serves as NCIPC liaison with the CDC Office of Public Affairs, the CDC Office of Health Communication, and other Centers, Institute, and Offices on matters of marketing, public affairs, graphics, publications, and technical information resources; (14) in carrying out these functions, collaborates with other PHS agencies, Federal and State departments and agencies, and private organizations, as appropriate.

Office of Statistics and Programming (HCE2). (1) Develops, evaluates, and implements innovative statistical, computer programming, and data management methods for application to injury surveillance, epidemiologic studies, and programmatic activities; (2) provides expert consultation in statistics, programming, and data management to all NCIPC staff; (3) collaborates with NCIPC scientists on epidemiologic studies and provides associated technical advice in the areas of study design, sampling, and the collection, management, analysis, and interpretation of injury data; (4) coordinates, manages, maintains and provides tabulations from national surveillance systems and other data sources that contain national, State and local data on injury morbidity and mortality; (5) prepares and produces high quality statistical reports and publications material for information presentation and dissemination by NCIPC staff; (6) advises the Office of the Director, NCIPC, in the area of data and systems management and on surveillance and statistical analysis issues relevant to injury program planning and evaluation; (7) in carrying out the above functions, collaborates with other Divisions/Offices in NCIPC, CDC Centers/Institute/Offices, PHS agencies, and other Federal departments and agencies, and private organizations as appropriate.

Office of the Director (HCE21). (1) Plans, directs, and manages the activities of the Office of Statistics and Programming and provides administrative and management support; (2) reviews reports, publications, and other materials for statistical integrity and validity; (3) makes recommendations and provides technical advice to the Office of the Director, NCIPC, on statistical and surveillance issues relevant to injury prevention and control; (4) coordinates Office activities with other Offices and Divisions within NCIPC, other CDC components, PHS agencies, other Federal agencies, State and local health departments, and other public and private organizations, as appropriate.

Effective Date: August 15, 1995.

David Satcher,

Director, Centers for Disease Control and Prevention.

[FR Doc. 95-21301 Filed 8-25-95; 8:45 am]

BILLING CODE 4160-18-M

Centers for Disease Control and Prevention; Statement of Organization, Functions, and Delegations of Authority

Part H, Chapter HC (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 60 FR 34550-51, dated July 3, 1995) is amended to reflect the consolidation of related laboratory research functions within the national Center for Infectious Diseases (NCID) to enhance coordination of HIV, STD, and TB activities throughout the Centers for Disease Control and Prevention (CDC).

Section HC-B, *Organization and Functions*, is hereby amended as follows:

Delete the title and functional statement for the *Division of Sexually Transmitted Diseases Laboratory Research (HCRN)* and the *Office of the Director (HCRN1)*, and insert the following:

Division of AIDS, STD, and TB Laboratory Research (HCRN). (1) Develops and evaluates laboratory methods and procedures for the diagnosis and characterization of infections caused by HIV and other human retroviruses, other sexually transmitted diseases, and mycobacteria, including *M. tuberculosis*; (2) provides laboratory support for the surveillance, epidemiologic, and clinical activities of the National Center for Prevention Services and other Centers/Institute/Offices; (3) conducts applied research on immune mechanisms that occur in microbial infection, particularly infection with human immunodeficiency virus; (4) conducts applied research on the pathogenesis of microbial infections, particularly infection with *M. tuberculosis*; (5) conducts laboratory studies of hemophilia and other coagulating disorders; (6) provides reference laboratory services and assists in standardizing and providing laboratory reagents; (7) serves as a World Health Organization Collaborating Center; (8) conducts epidemiologic studies of HIV-infected and uninfected persons with hemophilia and their families; (9) assists in designing, implementing, and evaluating prevention and counseling programs for HIV-infected persons with hemophilia and their families; (10) coordinates research on opportunistic infections in HIV-infected persons.

Office of the Director (HCRN1). (1) Plans, directs, and coordinates the

activities of the Division; (2) develops goals and objectives and provides leadership, policy formulation, and guidance in program planning and development; (3) provides program management and administrative support services for AIDS/STD/TB laboratory research activities, both domestic and international.

Gonorrhea, Chlamydia, an Chancroid Branch (HCRN2). (1) Performs research and development on gonorrhea, chancroid, donovanosis, bacterial vaginosis, and chlamydial and mycoplasmal infections; (2) conducts or participates in clinical, field, and laboratory research to develop, evaluate, and improve laboratory methods and materials used in the diagnosis of STDs; (3) provides consultation and reference/diagnostic services for STDs other than syphilis.

Chlamydia Section (HCRN22). (1) Performs research and development on the pathogenesis, genetics, immunology, and epidemiology of chlamydial and mycoplasmal infections and donovanosis; (2) conducts or participates in clinical, field, and laboratory research to develop, evaluate, and improve laboratory methods and materials used in the diagnosis of these agents; (3) provides consultation and reference/diagnostic services for these agents.

Gonorrhea and Chancroid Section (HCRN24). (1) Performs research and development on the pathogenesis, genetics, immunology, and epidemiology of gonorrhea, chancroid, and bacterial vaginosis; (2) conducts or participates in clinical, field, and laboratory research to develop, evaluate, and improve laboratory methods and materials used in the diagnosis of these agents; (3) provides consultation and reference/diagnostic services for these agents.

Hematologic Diseases Branch (HCRN3). (1) Provides national leadership in the investigation and prevention of diseases of blood including hemophilia; (2) conducts investigations of hematologic disorders and the role of etiologic agents in the development of these disorders; (3) conducts applied and operational research related to disease definition, etiology, diagnosis, complications, and prevention of hemophilia and acquired hematologic diseases; (4) conducts research on the prevention of the chronic complications of hematologic disorders; (5) provides technical assistance and reference and diagnostic services to State and local health departments, other Federal agencies, and other organizations; (6) conducts research to improve laboratory

methodologies and materials; (7) provides training services to states, localities, and other nations in investigation, diagnosis, prevention, and control of hematologic diseases; (8) conducts epidemiologic studies in persons with hemophilia and chronic hematologic disorders and their families; (9) assists in designing, implementing, and evaluating prevention and counseling programs for persons with hemophilia and their families.

Laboratory Section (HCRN32). (1) Conducts applied research to develop, evaluate, improve, and standardize the methods and procedures for the microbiologic classification, surveillance, and prevention of hematologic diseases; (2) participates in studies directed at determining methods of preventing hematologic disorders and their complications; (3) provides diagnostic support for epidemiologic studies and epidemic aids on emerging hematologic diseases; (4) determines the mechanisms of pathogenesis of chronic hematologic disorders and their complications; (5) conducts research and provides reference services on hematologic diagnostic techniques; (6) maintains the national reference laboratory for blood coagulation and other hematologic disorders.

Surveillance and Epidemiology Section (HCRN33). (1) Designs and manages a surveillance system to evaluate the incidence, morbidity, and mortality of hemophilia and other hematologic disorders; (2) plans, develops, and coordinates special surveys and populations studies in selected geographic areas to monitor and assess the complications of hemophilia; (3) determines, plans, conducts, and coordinates surveillance training for State and local health department staff; (4) collects, analyzes, and prepares reports to document the prevalence and incidence of hemophilia and other blood diseases in the United States and provides this information to the scientific community through reports, publications, and public access data sets; (5) provides epidemiologic and medical consultation and technical assistance, including epidemic aids, to State and local health departments, other governmental agencies, and other public and private organizations in the investigation of hematologic disorders; (6) works closely with CDC organizations in applying prevalence and incidence data to target and evaluate hematologic disease prevention program; (7) designs and conducts epidemiologic studies to determine risk factor and co-factors for chronic hematologic disorders and their

complications; (9) provides statistical support in the design and analysis of data from surveillance and epidemiologic studies.

Treponemal Pathogenesis and Immunobiology Branch (HCRN4). (1) Performs research and development on syphilis and other treponematoses, such as yaws and endemic syphilis; (2) conducts or participates in clinical, field, and laboratory trials to develop, evaluate, and improve laboratory methods and materials used in the diagnosis of syphilis; (3) provides consultation and reference/diagnostic services for syphilis; (4) conducts research in the cellular and humoral aspects of the immune response to the treponemes and immunochemical studies of the organism to define antigenic determinants; (5) serves as the WHO International Collaborating Center for Reference and Research in Syphilis Serology.

Treponemal Immunobiology Section (HCRN42). (1) Conducts research leading to an understanding of the *in vitro* growth requirements of treponemes; (2) studies the human cellular immune response to infection with HIV and *Treponema pallidum*; (3) provides reference diagnostic services for syphilis and other treponematoses; (4) prepares reference reagents for nontreponemal tests; (5) conducts clinical evaluations; (6) serves as a WHO Collaborating Center for the Treponematoses.

Treponemal Pathogenesis Section (HCRN44). (1) Conducts research leading to an understanding of the inter-relationship of the host and the microorganism through studies of the antigenic composition of the treponeme, the role of treponemal enzymes in the production of the infection, *in vivo* growth requirements, and humoral immune response of the host; (2) prepares reference reagents for treponemal tests; (3) produces monoclonal antibodies; (4) determines differences between strain isolates from patients with HIV infection and syphilis and isolates from patients with syphilis alone.

HIV Laboratory Investigations Branch (HCRN5). (1) Provides laboratory support for epidemiologic and surveillance studies in collaboration with the National Center for Prevention Services; (2) conducts investigations of viral pathogenesis and evaluation of control measures through the use of animal models and *in vitro* techniques employing clinical specimens from HIV-infected individuals; (3) trains, performs reference testing, and develops certain reference reagents for HIVs for public health laboratories in the United States

and the World Health Organization; (4) serves as a reference laboratory for the isolation, detection, and serologic testing for HIV in clinical samples and assists in providing laboratory training to public health and other laboratory personnel; (5) assists in standardizing and providing reference reagents for HIV; (6) serves as a World Health Organization Reference Center to provide international consultation and technical assistance on laboratory procedures for HIV isolation, detection, and characterization; (7) develops and evaluates procedures for the isolation and characterization of HIV; (8) develops and evaluates new and improved methods for the serodiagnosis of HIV infection and detection of viral genetic information in infected cells; (9) conducts investigations of HIV and HIV-infected cells to determine how the virus impairs the immune system and to identify indicators for disease progression; (10) conducts investigations to identify and characterize new HIV isolates and to develop new diagnostic tests for these isolates to determine the prevalence in various populations; (11) collaborates with other Federal, academic, and private laboratories.

Cell Biology Section (HCRN52). (1) Develops and evaluates laboratory methods and procedures for the isolation and characterization of HIV; (2) conducts research into the molecular virology of HIV virulence, latency, replication, and pathogenesis as pertains to their role in the progression of AIDS and transmittance of the virus; (3) provides reference isolation services for HIV; (4) identifies mixed infections in association with HIV and conducts research at a molecular level into their impact on viral pathogenesis and AIDS; (5) assists in providing training to public health laboratorians and consultation to CDC as a whole on the isolation and culture of HIV; (6) provides international consultation and technical assistance on laboratory methods for HIV isolation and characterization.

Developmental Technology Section (HCRN53). (1) Develops and evaluates laboratory methods for the detection of HIV infection and understanding of HIV pathogenesis; (2) cooperates with industry in conducting clinical trials and other evaluations of new AIDS diagnostic tests; (3) conducts quality assurance program for assay materials used in HIV surveillance; (4) assists in standardization and provision of reference reagents; (5) assists in providing training and technical assistance to public health laboratorians on the serologic testing for HIV antigens

and antibodies; (6) provides international training and technical assistance on laboratory methods for HIV serology and other tests for HIV infection.

Molecular Biology Section (HCRN54). (1) Develops, evaluates, improves, and standardizes DNA probe technology including gene amplification for the diagnosis, characterization, and understanding of the pathogenesis of HIV; (2) investigates the molecular basis of the interactions between HIV and host cells with an emphasis on the requirement of human factors necessary for the expression and replication of HIV; (3) participates in a national screening program for the evaluation and characterization of HIV nucleotide sequences for determining evolution of HIV; (4) provides intramural and extramural technical expertise and assistance in professional training of molecular approaches to the identification of HIV and other infectious agents; (5) conducts molecular investigations on the biochemical and biological properties of HIV proteins.

Serology Section (HCRN55). (1) Provides epidemic aid and reference serologic testing services for HIV; (2) assists in the evaluation of improved methods for HIV serodiagnosis; (3) assists in providing training to public health laboratorians on serologic testing of HIV; (4) assists in the standardization and provision of reference reagents; (5) provides national and international consultation and technical assistance on laboratory methods for HIV serology.

Immunology Branch (HCRN6). (1) Conducts applied research on immune mechanisms that occur in microbial infection, particularly infection with human immunodeficiency virus; (2) conducts studies on natural history, mechanisms of infection, immunopathogenesis, and the biology of host-microbe interaction to distinguish immune responses that are effective versus deleterious and identifies targets for immune intervention; (3) develops, evaluates, and improves assay procedures for immune mechanisms and diagnosis of diseases; (4) performs immunologic diagnostic testing for laboratories and organizations within NCID and CDC, and outside the Agency; (5) performs or collaborates in the performance of clinical, epidemiologic, and field studies of immunologic disease states.

Retrovirus Diseases Branch (NCRN7). (1) Conducts research to further understanding of the human and zoonotic retroviruses, the diseases they cause, the modes of transmission, and the means for their control through

virus detection, isolation, and characterization, by virologic, molecular, and immunologic methodologies; (2) determines virus genotypic variation, phenotypic (serologic) variation, pathogenesis, tropisms, persistence, virulence, and transmissibility; (3) conducts field epidemiologic investigations of the prevalence, distribution, trends, and risk factors associated with non-AIDS retroviral diseases; (4) conducts research to further the understanding of how human retroviruses modulate the function of infected cells, and how intracellular signals regulate retroviral gene expression; (5) develops collaborations with other CDC scientists and scientists from external labs to maximize resources and promote scientific progress and accomplishments; (6) develop collaborations with industry to promote commercialization of useful technology, methodologies or reagents resulting from section research.

Immunology Section (HCRN72). (1) Develops new methods to improve the detection of immunologic markers of retrovirus infection and to enhance prevention of retrovirus-associated morbidity and mortality through immunologic research; (2) analyzes structural and functional characteristics of retroviral antigens in order to develop more sensitive and specific serologic assays for retroviral detection; (3) investigates host cellular and humoral immune responses to retroviral infection to determine factors that regulate retroviral disease expression; (4) analyzes soluble factors that modulate retroviral expression; (5) provides reference diagnostic testing for samples with unusual seroreactivity or from patients with unusual clinical presentation; (6) determines the natural history of retroviruses by characterizing samples collected world-wide; (7) develops collaborations with other CDC scientists and scientists from external labs to maximize resources and promote scientific progress and accomplishments; (8) develops collaborations with industry to promote commercialization of useful technology, methodologies or reagents resulting from section research.

Molecular Genetics Section (HCRN73). (1) Provides molecular genetics expertise for public health investigations concerning human and zoonotic retroviruses; (2) develops and applies new molecular technologies to monitor and investigate retroviral epidemiology, natural history, and pathogenesis; (3) identifies and characterizes new and emerging retroviruses by novel molecular

methods; (4) investigates viral load and viral mutagenesis to determine correlations with disease progression *in vivo*; (5) studies molecular level virus-host interactions that promote viral replication and transmission; (6) develops collaborations with other CDC scientists and scientists from external labs to maximize resources and promote scientific progress and accomplishments; (7) develops collaborations with industry to promote commercialization of useful technology, methodologies or reagents resulting from section research.

Virology Section (HCRN74). (1) Enhances prevention of retrovirus-associated morbidity and mortality through laboratory research focused on the biology of human and zoonotic retroviruses and their target cells in the host; (2) investigates the factors that govern the progression from HIV-infection to AIDS and interventions that may prevent AIDS; (3) determines the factors that control the regulation of retroviral expression through studies of retroviral latency, activation and replication; (4) develops improved methods for culture and identification of known and novel retroviruses; (5) discovers new markers for retrovirus infection and disease progression that will further the understanding of retroviral epidemiology; (6) develops new cellular models for retrovirus studies; (7) develops collaborations with other CDC scientists and scientists from external labs to maximize resources and promote scientific progress and accomplishments; (8) develops collaborations with industry to promote commercialization of useful technology, methodologies or reagents resulting from section research.

Tuberculosis/Mycobacteriology Branch (HCRN8). (1) Provides laboratory support for epidemic investigations and special studies of tuberculosis and other mycobacterial diseases; (2) conducts research into immunology of mycobacterial infections, pathogenic mechanisms, and molecular basis of diseases; (3) provides reference diagnostic services to State public health laboratories; (4) administers grants and cooperative agreements with States and others to upgrade laboratory activities and provide special services; (5) develops, evaluates, and/or improves methods for classifying and identifying mycobacteria and mycobacterial diseases; (6) develops tissue culture and animal models of mycobacterial diseases that can be used in studies of chemotherapy, immunotherapy and vaccine evaluations; (8) studies problems of isolation, taxonomy, and ecology of

mycobacteria; (9) investigates mycobacteria for identification of virulence factors.

Diagnostic Mycobacteriology Section (HCRN82). (1) Provides laboratory support to the Division of Tuberculosis Elimination and others for epidemic investigations of tuberculosis; (2) manages the Regional Network for RFLP typing and maintains the national database describing patterns of isolates from throughout the United States; (3) develops new methods that subtype mycobacteria for use as epidemiologic markers; (4) provides reference services for identification and drug susceptibility testing of referred isolates; (5) develops new diagnostic methods for rapid identification and susceptibility testing of *Mycobacterium* species; (6) evaluates newly developed diagnostic tests and procedures; (7) provides consultation and training to State, federal and municipal public health laboratories; (8) serves as the primary CDC focus for studies of nontuberculosis *Mycobacterium* species; (9) supports and encourages studies on role of nontuberculous mycobacteria in human and animal disease; (10) studies characteristics of *Mycobacterium* species that infect humans.

Immunology and Molecular Pathogenesis Section (HCRN83). (1) Conducts studies to define the molecular genetics of mycobacteria and develop molecular tools for the detection and prevention of mycobacterial infections; (2) defines mechanisms of drug resistance in mycobacteria and develops methods for rapid detection of resistance; (3) conducts studies to define the role of host-pathogen factors and immunologic mechanisms in disease processes and protective immunity; (4) develops, evaluates, and improves immunologic/serologic methods for the diagnosis and prevention of mycobacterial diseases; (5) conducts studies to identify and characterize virulence factors, pathogenic mechanisms, and the molecular basis of disease caused by mycobacteria; (6) develops and evaluates agents for the treatment and prevention of mycobacterial diseases; (7) develops animal models for study of detection, treatment, and characteristics of mycobacterial diseases; (8) serves as the primary CDC focus for studies of Hansen disease (leprosy).

Delete the functional statement for **Emerging Bacterial and Mycotic Diseases Branch (HCRP8), Division of Bacterial and Mycotic Diseases (HCRP)** and insert the following: (1) In collaboration with other CDC Centers/Institute/Offices and other NCID Divisions, conducts laboratory studies

and provides epidemic aid, surveillance, and consultation on the control of emerging, reemerging, and opportunistic bacterial, fungal, actinomycotic, and nontuberculosis mycobacterial diseases; (2) provides reference and diagnostic activities for agents causing these diseases and for the identification of unknown bacterial, fungal, and actinomycotic isolates associated with human disease; (3) performs studies to determine host-parasite factors related to human diseases caused by emerging, reemerging, and opportunistic bacterial, fungal, actinomycotic, and nontuberculosis mycobacterial agents; (4) coordinates and collaborates in national and international studies and surveillance for bacterial, fungal, mycobacterial, and actinomycotic diseases; (5) develops and evaluates methods for the diagnosis of emerging, reemerging, and opportunistic bacterial, fungal, and actinomycotic diseases; (6) develops, implements, and evaluates prevention strategies for these diseases; (7) collaborates with other CDC Centers/Institute/Offices, NCID Divisions, State and Federal agencies in addressing reemerging bacterial and mycotic diseases.

Delete the functional statement for the *Epidemiology Section (HCRP82)*, *Emerging Bacterial and Mycotic Diseases Branch (HCRP8)*, and insert the following: (1) Conducts epidemic investigations, surveillance, and special studies of emerging, reemerging, and opportunistic bacterial, fungal, actinomycotic, and mycobacterial diseases; (2) provides clinical and epidemiologic consultation on these diseases; (3) coordinates activities related to opportunistic infections in compromised hosts for the Division.

Delete the title and functional statement for the *Tuberculosis and Other Mycobacterioses Laboratory Section (HCRP85)*, *Emerging Bacterial and Mycotic Diseases Branch (HCRP8)*, *Division of Bacterial and Mycotic Diseases (HCRP)*.

Delete the title and functional statement for the *Retrovirus Diseases Branch (HCRUA)*, *Division of Viral and Rickettsial Diseases (HCRU)*.

Effective Date: August 15, 1995.

David Satcher,

Director, Centers for Disease Control and Prevention.

[FR Doc. 95-21302 Filed 8-25-95; 8:45 am]

BILLING CODE 4160-18-M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[CO-010-4212-11; COC48503]

Realty Action: Recreation and Public Purposes (R&PP) Act Classification; Colorado

AGENCY: Bureau of Land Management, Department of the Interior.

ACTION: Notice of realty action.

SUMMARY: The following public lands in Rio Blanco County, Colorado, have been examined and found suitable for classification for lease or conveyance to The Benevolent and Protective Order of the Elks Lodge No. 1907 under the provisions of the Recreation and Public Purposes Act (R&PP) (43 U.S.C. 869 et seq.), as amended by the Recreation and Public Purposes Amendment Act of 1988. The Benevolent and Protective Order of the Elks proposes to use the lands for a recreation facility and trap shooting range.

Sixth Principal Meridian, Colorado

T. 1 N., R. 102 W.,

Section 12, W $\frac{1}{2}$ E $\frac{1}{2}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$,
W $\frac{1}{2}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$.

The lands, containing 30 acres, are not needed for federal purposes.

Lease or conveyance is consistent with current BLM land use planning, and would be in the public interest. A lease or patent if issued will be subject to the following terms, conditions, and/or reservations:

1. Provisions of the Recreation and Public Purposes Act, the Recreation and Public Purposes Amendment Act, and all applicable regulations of the Secretary of the Interior.

2. A right-of-way reservation of ditches and canals constructed by authority of the United States under the Act of August 30, 1890 (43 E.S.C. 945).

3. All minerals shall be reserved to the United States, together with the right to prospect for, mine, and remove the minerals.

4. A lease or patent may contain terms and conditions to indemnify the United States and its officers, agents, representatives, and employees from claims, loss, damage, actions, causes of action, expense, and liability attributable to the disposal or release of hazardous substances on the land described above. A patent may be issued without a reverter provision for some or all of the land, depending upon the location of sites potentially susceptible to disposal of or release of hazardous substances.

5. Compliance with all Federal and State laws applicable to their disposal,

placement, or release of hazardous substances. R&PP classification COC7703 dated October 1, 1980, is hereby terminated. R&PP classification COC36380, dated May 4, 1983, is hereby amended to delete the lands described herein.

Detailed information concerning this action is available for review at the office of the Bureau of Land Management, White River Resource Area, 73544 Highway 64, Meeker, Colorado.

Upon publication of this notice in the **Federal Register**, the lands will be segregated from all forms of appropriation under the public land laws, including the general mining laws, except for conveyance under the Recreation and Public Purposes Act, conveyance under section 209(b) of the Federal Land Policy and Management Act, and leasing under the mineral leasing laws.

For a period of 45 days from the date of publication in the **Federal Register**, interested persons may submit comments regarding the proposed lease or conveyance or classification of the lands to the Associate District Manager, Craig District Office, 455 Emerson Street, Craig, Colorado 81625.

Classification Comments: Interested parties may submit comments involving the suitability of the land for recreation facilities and trap shoot range. Comments on the classification are restricted to whether the land is physically suited for the proposal, whether the use will maximize the future use or uses of the land, whether the use is consistent with local planning and zoning, or if the use is consistent with State and Federal programs.

Application Comments: Interested parties may submit comments regarding the specific use proposed in the application and plan of development, whether the BLM followed proper administrative procedures in reaching the decision, or any other factor not directly related to the suitability of the land for a recreation facility and trap shoot range. Any adverse comments will be reviewed by the State Director. In the absence of any adverse comments, the classification will become effective on or before October 27, 1995.

FOR FURTHER INFORMATION CONTACT:

Naomi Moody, Realty Specialist, or Vern Rholl, Realty Specialist, White River Resource Area, P.O. Box 928, Meeker, Colorado 81641. (970) 878-3601.